

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13981

FILED MAY 8 1953

BIRTH NO.		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS		c. LENGTH OF STAY (in this place) 1 month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS 8461			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hosp.				d. STREET ADDRESS (If rural, give location) 911 W. BROADWAY			
3. NAME OF DECEASED (Type or Print) JOHN ANDERSON CARTER		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH APR. 28, 1953		(Month)		(Day)		(Year)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 8, 1875	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman & Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) CARTER Co, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE MARY F. Thrasher Carter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. J.A. CARTER, W. Plains, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 10 yrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-23 , 19 53 , to 4-28 , 19 53 , that I last saw the deceased alive on 4-28 , 19 53 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Callahan M.D. (Degree or title)				23b. ADDRESS West Plains, Mo		23c. DATE SIGNED 4/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 1, 1953		24c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.		24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO.	
DATE REC'D BY LOCAL REG. May 4-53		REGISTRAR'S SIGNATURE Beatrice Cooke		25. FUNERAL DIRECTOR'S SIGNATURE Hal Shoultz ADDRESS Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Thomburg

Licensed Embalmer No. *3408*

P. O. Address. *W. Plains, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.